

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American College of Radiology Association PAC**

Full Name (Last, First, Middle Initial)

**A. KURT SCHRADER FOR CONGRESS**

Mailing Address PO BOX 3314

City	State	Zip Code
OREGON CITY	OR	97045

Purpose of Disbursement  
Contribution to a Federal Campaign

Candidate Name

**Rep. Kurt Schrader**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OR District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	25	/	2015

**Transaction ID : D168685**

Amount of Each Disbursement this Period

1000.00
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Full Name (Last, First, Middle Initial)

**B. MIKE KELLY FOR CONGRESS**

Mailing Address PO BOX 476

City	State	Zip Code
LYNDORA	PA	16045

Purpose of Disbursement  
Contribution to a Federal Campaign

Candidate Name

**Rep. Mike Kelly**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	25	/	2015

**Transaction ID : D168675**

Amount of Each Disbursement this Period

2500.00
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Full Name (Last, First, Middle Initial)

**C. MIKE THOMPSON FOR CONGRESS**

Mailing Address 5429 MADISON AVENUE

City	State	Zip Code
SACRAMENTO	CA	95841

Purpose of Disbursement  
Contribution to a Federal Campaign

Candidate Name

**Rep. Mike Thompson**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	25	/	2015

**Transaction ID : D168688**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6000.00
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